



MISSISSIPPI CISM TEAM APPLICATION

Name: _____

Address: _____

County: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

Occupation: _____ How many years? _____ (2 yrs. req.)

Degree: _____

Licensure / Certification(s): _____

Professional Organization(s): _____

Employer: _____

Supervisor: _____

Business Address: _____

Work phone: (____) _____ - _____ Pager: (____) _____ - _____

(Your employer –supervisor- will be contacted)

Have you had any previous training in:

Crisis Intervention? _____

Stress Survival Strategies? _____

Grief or Mourning? _____

Post-Traumatic Stress Disorder? _____

Suicide Recognition and Intervention? _____

Critical Incident Stress Management? _____

(If yes, when, where, and what kind of training did you have? Please explain below and Attach copy of certifications)

Do you have any crisis response experience? If so, what was your role?

Do you have any specific time constraints that might make it difficult for you to attend team meetings or be available for CISM activities?

What time of the day are you most likely to be available in an emergency?

Why are you interested in participating on the Mississippi CISM Team?

Please return to: Dena Campbell, CISM Director
P.O. Box 4117
Brookhaven, MS 39603

Email: campbelldc@bellsouth.net